Using Qualitative Data in Program Evaluation:

Telling the Story of a Prevention Program

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Introduction and Acknowledgements

Across the country, child abuse prevention and family support programs are increasing the rigor of their evaluations. Programs that once limited evaluation to tracking participant satisfaction and service outputs are now crafting detailed logic models, measuring participant outcomes and monitoring program fidelity. The field as a whole is becoming more accountable.

Quantitative methods are often the mainstay of evaluation. These methods are both useful and necessary. They yield information that can be statistically analyzed and presented in the form of tables and charts. No good evaluation will be without quantifiable results. But it is not enough to measure only *what* happened throughout the course of providing services to families. It is important to discover *why* and *how* they happened.

Qualitative evaluation cannot be dismissed as "just collecting anecdotes". It is far more. By intentionally and thoughtfully using qualitative evaluation methods, one can understand *why* certain results were achieved or not achieved, *explain* unexpected outcomes and *inform* decisions about modifications to service provision.

Good qualitative evaluation involves parent-consumers, staff, boards, and community partners—not only as sources of data, but as advisors while services are planned, implemented, evaluated and improved. Using qualitative methods to develop greater understandings of families, systems and services is critical to developing an atmosphere of continuous quality improvement.

This guide was developed as a resource for program administrators, managers, direct service practitioners and others as they expand and enhance current and future evaluation efforts and learn more about the practices that best support and strengthen families.

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A Word to Programs about Qualitative Research

When we start a new program, most of us feel excitement, a little fear and a lot of reverence. What will the children and families be like? Will I be able to help make a meaningful difference in their lives?

Then along the way, we meet life head-on: not enough time, not enough funding, stress over administrative demands, families that are not progressing. Things don't always go as we hope and plan. We may be uncertain exactly why things are working or not working, or we may be afraid to openly discuss things that aren't going well. We may even come to question our own professional skills and effectiveness. A year full of shared joy and progress may seem lost in paperwork and year-end reports, and the essence of our work may seem to go unseen and unappreciated.

And sometimes we find the families we serve are benefiting from our services more than we hoped, but the measures we are using do not capture the most beneficial and meaningful parts of the program. In this actual example from a CBCAP program, we see that not everything of importance can be captured by numbers.

> *This past year one of the program participants received support and encouragement from the group while going through a domestic violence situation. It took over one year for the participant to trust the group enough to disclose this very personal and overwhelming situation. The group offered support, encouragement, and resources. But most of all, the group let that parent know the parent was not alone. As a result of the Circle of Parents program, the facilitator—along with the group—was able to refer the participant to a community agency for professional services.*
>
> *-Michigan Children's Trust Fund, 2007 CBCAP annual report*

Qualitative Data as part of your program evaluation allows you to go to the source by listening to and learning first-hand from the people who use or create prevention services. Qualitative evaluation data can help programs bring numbers and stories together and capture the humanity and wonder that are a natural part of prevention work. When used to expand your current program evaluation, qualitative methods provide a powerful tool to help programs assess their progress, identify areas needing improvement, and help families, programs and funding agencies recognize and celebrate their successes.

Characteristics of Qualitative Research

Qualitative Research is intentionally subjective. A person's perspective—including feelings, thoughts, beliefs and personal stories—is highly valued and provides an important version of the truth about the world.

Qualitative Research encourages discovery. Standardized measures and experimental (_deductive_) research approaches assume we already know the most important things to ask (and in some cases we do). Qualitative Methods are subjective, open (_inductive_). They assume that context, personal and organizational history and experience, and discovery are important for more complete and complex understanding.

Qualitative Research is explanatory. While _quantitative data_—which come in the form of numbers, graphs, derived scores, and statistics—tell _whether_ or _how often_ something occurred, _qualitative data_—which come in the form of spoken or written words or photographs—tell _why_ and _how_ something occurred.

Qualitative Research is relationship-based. In order to gain access to others' private thoughts and experiences, researchers must be credible, see the value of all others and put aside biases, preconceptions and judgments (as much as humanly possible), and be a very good listener.

Qualitative Research is contextual. Qualitative research methods seek to make social life vivid and to understand people in the contexts of their relationships with family, community, economics and policies.

Qualitative Research goes by various names. Qualitative research methods are also referred to as _naturalistic, interpretive, practice-guided,_ or _ethnographic_.

To learn more about Qualitative Research and Evaluation, see Resources at the end of this document.

A Practical Use of Qualitative Data

The Families Program is a fictional community-based prevention program based upon the experiences of programs across the country. These programs seek ways to provide high quality <u>evidence–informed</u> and <u>evidence-based practices</u> that are meaningful and satisfying to children, families and communities—and to the programs themselves.

Examples from the Families Program evaluation will help you discover ways to incorporate Qualitative Research Methods into your program's evaluation plan.

It all begins with *listening…*

The Families Program

Final Report

"…Forty-one families initially enrolled in our Families Program, but only 22 families completed the entire year. "

Of those 22 families, approximately 50% showed significant improvement on standardized measures of family risk and healthy home environment. Five parents (23%) showed improvement on measures of parent-child interactions, and 37% of children showed progress on measures of global child development.

-CBCAP Year-End Report

Program Director

The good news is that we wrote a grant and received funding to implement this new families project. So this was a big step for us. We invested a lot of time training staff. But nearly half the families dropped out, and by year's end, only 20% of our children and half of our families made progress according to the pre- and post-tests we used. Though research tells us that the approach is really worthwhile for children and their families, we're not sure exactly what went wrong in our program—or how to correct it.

-Local Program Administrator

Staff

Well, I took the training for home visitors, and I really liked it. It made sense when I was listening to the trainers and watching the videotapes. But I get in the homes with families with real problems and it's like I forget everything. And I don't know what I'm supposed to know or who to ask. I'm not sure exactly why I'm there, and I don't think families are sure why I'm there either.

-First time Home Visitor

I've been a home visitor for almost eight years, but the families in our program now, their issues are huge. Poverty. Violence. Drugs. Unemployment. Isolation. And I'm almost afraid to open the door about what's really going on because if I walk through that door, I better be able to help. And I'm not really sure I am able to help.

-Experienced Home Visitor

You know, I've been a supervisor in this program for a long time, and I really believe in hiring staff from the community. They are real insiders, and they really know the community, and they really care. But if we're hiring within the community, we better darn well realize that some of the staff are struggling with the same issues as the families, and we better support the staff. Not to mention that this work is taxing for all our staff. There is secondary stress.

-Program Supervisor

Parents

It's really hard to find time to meet with the home visitor. I like her and I don't want to hurt her feelings, but I'm a single dad working two jobs. I'm exhausted, and it's just one more thing.

-Parent in the program

At first I thought, well this home visitor has her own agenda and I'm too busy for this, but then she really listened to me, and she connected me with respite care, and she connected my child with an early childhood program that has really helped with his tantrums. And some other personal stuff. And she has become like one of the family, and our lives are so much happier. I was going to give up on it, but she wouldn't give up on me. She kept listening—even when I didn't want to talk. So I'm glad I stuck with it.

-Parent in the program

Getting Started

1. Identify an Issue/Create a Focus.

The first step in a Qualitative Study is identifying an aspect of your program that you wish to know more about. The focus or issue may be related to an unachieved goal or objective. The focus may also be related to things that are working well in your program, and you wish to understand what is making them work well so that you can replicate your success. Or perhaps you wish to measure program fidelity by collecting evidence that the program was implemented as it was intended. Because you work in prevention programs, you are an important "informant". You already have hunches about what the important issues are, and were to look for data.

In the example presented here, we are going to use qualitative methods to examine some problems the fictional Families Program is experiencing. The Families Program has specific issues they want to understand better; the program is struggling with enrollment and with measurable progress on child and family goals. That is where we begin with qualitative evaluation--—by Stating the Issue in writing. State issues as succinctly and clearly as possible based upon your knowledge of prevention programs in general and your particular knowledge of your program philosophy and goals. Issue Statements do not need to be absolutely true for everyone. These are provisional statements—placeholders—that may change and become more accurate, clear and refined as you come to understand issues more deeply.

Families Program Issue Statements:

- Too many families are dropping out of the program.

- Of those families completing the program, insufficient progress is being made in the areas of child development, caregiver-child interactions, and home environment.

- There seem to be differences between what staff learned during training, and what staff members seem able to do in their day-to-day work.

- Some staff members appear to be discouraged and uncommunicative.

As you probably noticed, the standardized measures the Family Program uses —while very important for evidence-informed and evidence-based practices—do not tell the program *why* families are dropping out of the program, or *why* they are not making progress on program goals. Nor do they tell us *how* staff members feel about the situation. Now, the task is to learn *how* and *why* in the most straightforward and practical way.

2. Identify Questions.

What kinds of related Questions come to mind when you think about the Issue Statements above? Generating a written list by those with first-hand knowledge of the program, then prioritizing the list helps define the scope and bounds of your study and focusing on what is most relevant. Research questions emerge naturally once issues are identified. Here is a list of questions and issues generated by the Families Program staff.

Questions and Issues:

Issue #1: Family demands are great and growing. We're not sure how the Families Program fits with the day-to-day demands of family life and how important it is given all that families have on their plates.

Questions:
- How do program requirements for home visits and parenting classes fit with family schedules and priorities?

- How well do the services we offer fit with risk, challenging life circumstances and family culture?

Issue #2: Family Perceptions about the program seem mixed. We're uncertain if families value what we're doing, and whether they feel the program is a blessing or a burden.

Question:
- How do parents really think and feel about home visits and parenting classes?

Issue #3: Quality and quantity of intervention may vary from home visitor to home visitor. We're not sure what exactly families are getting in the way of services, whether they're getting the right services, in the right ways, and whether they're getting enough of them.

Questions:
- How much intervention do children and parents truly receive?

- How much intervention is sufficient for progress?

- What constitutes a "good" home visit?

Issue #4: Staff Training and Support. Staff experience and training really varies. Some home visitors seem very unhappy with the changes in program focus. Morale and job satisfaction seems to be at an all-time low.

Questions:
- How competent and confident do staff members feel in their new roles as home visitors?

- What kinds of additional training and support do home visitors need to improve the efficacy of intervention?

3. Protect Privacy and Confidentiality.

Asking personal questions about or observing habits, behaviors or feelings are necessary as part of intervention and program evaluation, but they may make evaluation participants—staff as well as families—feel vulnerable. When collecting qualitative data, use the Golden Rule and treat others the way you would wish to be treated. Here are some rules for keeping evaluation participants informed, protecting participants' privacy and conducting an ethical evaluation.

- **Issue a letter of invitation** specifying in writing *exactly* what participants should expect if they choose to participate in the program evaluation. Make sure to verbally explain the evaluation honestly, clearly and in a language or form easily understood by families and/or staff. Provide opportunities for participants to ask questions.

- **Keep all data in a locked cabinet** accessible only to those conducting the evaluation.

- **Collect only information that you truly need to know.** Never share information among staff that they do not need to know for their day-to-day work. When in doubt, always check with the person overseeing the evaluation (typically your program director and/or evaluator).

- **Check with participants after** observations and interviews (or during if you sense some discomfort) and offer them the opportunity to opt out – even in the middle of the observation or interview if they choose.

- **Change the names of persons, places and programs** to protect individual and collective privacy and confidentiality before you share evaluation results in written or verbal form. When using identifiable photographs and quotations, obtain express written permission.

The Families Program

Letter of Invitation

The Families Program is studying how to best support children in their development, and how to best support families in caring for their children. We hope to discover what types of resources help you as a caregiver learn more about your child's behavior and feel more competent in your role as a parent/caregiver.If you choose to participate in this study, you would agree to:

- complete two questionnaires about you and your family at the beginning and end of the program

- complete three "day-in-your-life" schedules at the beginning, middle and end of the program

- be videotaped with your child during regularly scheduled home visits

- participate in an audio-taped interview scheduled at your convenience

If you choose not to participate in this study, you are still welcome to participate in all parts of the Families Program.

ALL information will be kept confidential. If we wish to quote you by name or use your photograph in any Families Program brochure or presentation, we will ask your express written permission. If we use general information or quotes, we will change the names of all identifying information (people, places and programs) in order to protect your privacy.

We ask you to read and sign the attached "Consent Permission" which describes how information collected will be kept confidential.

The information gathered will be used to help improve services to children and families in your community!

Please contact Jody Smithson at 715-5555 if you have any questions.

4. Recognize limits in skills and resources.

Learning to be a competent qualitative *researcher* involves at minimum a year of course-work, hands-on intensive training and fieldwork with close supervision. Qualitative *research*, unless programs hire an expert outside their program, is an unreasonable goal. However, using qualitative *data* as part of ongoing program evaluation is achievable for most programs if they are thoughtful about what they can reasonably and responsibly collect given their resources. Consider these when planning an evaluation:

- *time* for collecting, analyzing, writing and reporting

- *persons* available and skilled at collecting analyzing, writing and reporting

- *expertise* available with knowledge and experience in designing and conducting qualitative research studies or program evaluation

- *space* available to conduct interviews and observations with privacy

- *equipment* (such as audio or video-recording equipment) necessary for capturing observation and interview data

Competing demands for time, space, personnel and equipment must be considered when gauging what tasks and activities your program can take on as part of a qualitative evaluation. Start small. To the extent possible, incorporate qualitative data collection into the ongoing day-to-day work of your program.

And when fiscally possible, consider hiring an outside evaluator—one with qualifications and experience in evaluation, qualitative research and prevention programs—to help you find ways to work effectively and efficiently.

5. [Institutional Review Board/](#)Independent Ethics Committee (IRB/IEC) approval.

Research studies that involve human subjects must be reviewed and approved by an institutional review board (IRB) or an independent ethics committee (IEC) before they begin collecting data. IRBs and IECs provide oversight to make certain that research participants—especially those who are vulnerable (such as children, pregnant women, teens, or prisoners, for example)—are not placed at more than minimal risk, that their privacy and confidentiality are protected, and, ideally, that they will receive some benefit from the participation in the research. Programs must consult with their state funding agency as well as any program committees for guidance and approval. More information

may be found in the United States Department of Health and Human Service's IRB Guidebook, obtainable through: http://www.hhs.gov/ohrp/irb/irb-guidebook.htm.

6. Dealing with sensitive findings.

You may learn things you would rather not acknowledge. When collecting qualitative data, you will likely hear things that are private, sensitive and sometimes painful.

- *Life circumstances painful to consider*. It is often taboo in our society to acknowledge despair about the state of the world, therefore we ignore painful things and even considered it bad manners to talk about them. But being numb to or ignoring others' difficult circumstances often results in doing nothing to change those circumstances. More and more, prevention programs see the need to support staff—including evaluation staff—experiencing "compassion fatigue".

- *Views critical of you, your colleagues or your program*. If you are doing a good job of eliciting honest information, you won't always like what you hear. Be careful about protecting privacy and always be sensitive to others' feelings (including your own). When you analyze data and report to others, reframe information from a "what is wrong" approach to a "what can we do to improve" approach.

- *Incidents of maltreatment*. Your professional and legal obligations maintain while collecting program evaluation data. When you know maltreatment has occurred, you must honor your programs' and State's reporting requirements.

Collecting Data

Data collection in Qualitative Studies moves from general to specific information, and uses multiple sources of information. There are essentially **Four Types of Data** typically used to conduct qualitative research studies and evaluation.

- Interviews,

- Observations,

- Enumeration and Sampling, and

- Documentation.

Each type has a particular use suited to what you wish to know about, and each type has particular methods for collection and analysis.

Interviews

Interviews are conversations with a person or several persons for a specified purpose. The purpose may be very general or very specific. The more *informal and open-ended* the interview question (for example, "Tell me about your family"), the more time consuming, the more opportunity for discovering the unexpected, and the greater the need for follow-up interviews. The more *specific and standardized* the interview guide and question (for example, "What services did you need that were unavailable?"), the less time consuming, and the less opportunity for discovery. Standardized interview guides are typically administered once, or before and after intervention or services, and they may be administered by paper-and-pencil or by phone.

When you ask values-based, opinion-based, feeling-based and experience-based questions in an open-ended way—that is in a way that does not place predetermined limits on responses—, you are likely to discover that families and program personnel have unique ways of viewing and valuing the program. Make sure that the questions you ask are linked to your program's mission, goals, objectives, activities and anticipated outcomes. At the same time, be open to discovery. The qualitative questions you ask and the answers you receive may tell you that you need to revisit your program mission, goals, objectives, activities and anticipated outcomes.

1. Design an [interview protocol]. An interview protocol is simply a list of questions that you believe will help you answer the questions you posed as part of your evaluation. The Families program posed these open-ended questions for an informal conversational interview to allow discovery.

Questions for Parents:	Purposes:
Tell me how you and (child's name) came to the Families Program.	Discover family history, background and expectations of the program, and discover program referral sources.
What parts of the Families Program have been most valuable to you? (Probe for specifics about home visits.)	Discover family values and priorities; allow comparisons with program missions, goals and priorities.
If you could change anything about the Families Program, what would it be?	Discover aspects of the program that families think difficult or would like to add; allow comparisons with program mission, goals and priorities.
What have I forgotten to ask you that is important for me to know?	Allow participants to define priorities; allow comparisons with program priorities.

Questions for Home Visitors/ Program Staff:	Purposes:
Tell me about your training and experience related to prevention work.	Discover personal history related to formal schooling, mentoring, years of service, etc.
What are the most challenging parts of your work? How could supervisors better support you in doing your work?	Discover how personnel view the variety of tasks and responsibilities associated with their work.
How could the agency management better support you in doing your work?	Help programs think about how to allocate resources such as time, materials space, training, or supervision to better support personnel.
What have I forgotten to ask you that is important for me to know?	Allow participants to define priorities; allow comparisons with program and family priorities.

2. Invite or select participants in the interview. In experimental research, one makes an effort to include a random sample from a normative population so that one may generalize findings to a larger population. In qualitative studies, it is usually preferable to invite participants who would make good "key informants"—that is, persons who are especially knowledgeable about something you wish to learn more about or understand better.

- Good *key informants* are frequently those persons who rise to or whom you invite to participate in leadership positions because of their experience, wisdom and communication skills, and those persons are good choices among parents, staff members or community members. It is also important to include the ideas and experiences of those who might be less outspoken and provide a truly unique view, but have important things to say—especially when serving families from diverse social and cultural backgrounds. In qualitative studies, every voice and story is important. In qualitative studies, we wish to generalize about important issues and learn about them from individual stories.

- **Balance number of persons interviewed and available time.** Interviewing, especially in-depth interviewing, is one of the most edifying and gratifying activities in which a program can engage. But, in addition to requiring a highly skilled interviewer, it is also very time consuming for program staff and families. If it is important to hear from everyone, it is better to ask for brief qualitative responses or ask open-ended questions in written form.

- **Consider focus group interviews.** If focus group interviews are conducted, the person that conducts the interview/discussion should be highly skilled; and the group size should be no fewer than three persons nor more than seven for optimal interaction, more in-depth discussion and ease of data analysis. Focus groups may be video-recorded for later analysis if participants agree.

- **Create an opening statement.** Write down your opening statement and practice it before you begin to interview. Make sure you communicate the following information in a way that demonstrates your gratitude to participants for their contribution, and that sets the stage for an ongoing, honest and respectful relationship.

- **Convey that the information is important**, and tell why it is important.

- **Tell how the information will be used and how their privacy will be protected.** Obtain a signed and informed consent.

- **Explain your role** in the endeavor.

3. Conduct the interview.

- Arrange for a quiet, private place with minimal distractions. If you are interviewing in family's home, you may need to arrange for childcare.

- Bring written copies of interview questions. Give a copy to the participant if they choose. You may also do this ahead of time.

- If you audio-record the interview, bring a back-up recorder, audiotapes and batteries.

- Listen actively and openly. Your body should show that you are listening by making eye contact, sitting with an open posture, encouraging people to share by appearing (and being) interested in what they have to say.

- Allow participants to talk. It is okay (even good) not to talk during silences. Often they last just a few seconds allowing participants to gather their thoughts. Never assume that you know what participants are going to say beforehand. Really listen and try to hear what they are saying and allow them to relate meaning to you from their own unique point of view.

4. Follow-up when needed in order to:

- *Verify your understanding.* People don't always speak in clear straightforward ways. If you feel uncertain about an important point, make sure you have the story straight. ("So you are saying that you were happy with the way staff arranged developmental screening for your child, but you would have liked to receive about the screening sooner?")

- *Clarify terms used by the interview participant.* This may occur during an interview, or during a follow-up interview or conversation. ("When you say 'The State', do you mean 'Child Protective Services'?'")

- *Validate your interpretations.* After interview data are analyzed and you have identified themes or issues, it is a good idea to check back with persons interviewed to see if your interpretations correspond to the ways they interpret their own lived experience. ("It seemed to me that two things happened: your social worker didn't share information with you about your child, and that you didn't ask for information that was important for you to know. Does that make sense to you?")

Observations

Observations occur in real-life contexts that allow one to learn what people do or do not do in the contexts of home, work and community. Observations in typical contexts help one see behavior beyond an item on a given test, and help one understand what really happened behind the program document that reads: "The board meeting was attended by seven of nine members. A majority vote decided to fund five rather than twelve programs in the coming year."

Observations allow an opening in your own thinking and an appreciation of multiple perspectives and ways of doing. Observations are critically important for informing clinical- and education-based program decisions. Here are some guidelines for observing as part of program evaluation.

1. **Inform others about what you are doing.** Be clear about whether you are an *outside observer* (who doesn't impose yourself in interactions) or a *participant-observer* who appropriately interacts with others. (If you are a home visitor making client notes, for example, you are a participant observer. If you are a "fly-on-the-wall" at a state planning meeting, you are an outside observer.)

2. **Dress appropriately for the setting.** As an observer you need to be outside the center of activity and attention. You don't want to be especially noticed. Don't dress in your Sunday best for home visits, and don't dress in sportswear if you attend a board meeting or town hall.

3. **Remind people of what you are doing.** As with interviews, people should be aware of why you are observing, what you plan to do with information, and how their privacy will be protected. (People may feel initially uncomfortable or reticent to interact freely, but usually feel comfortable in time if observers are honest, discreet and friendly.)

4. **Focus your observations.** Before you begin, be clear about the focus of your observation.

    *   A **broad focus** allows you to notice stable physical characteristics such as the neighborhood in which a program or home is located; the presence or absence of safe play space for children in a home or community; whether a program appears physically or socially welcoming to children and families.

    *   A **narrow focus** allows you to see what things happen, and how they happen, in real time. For example, if during a home visit a parent was working toward being more responsive to her toddler during play, but her responsiveness was physical hovering accompanied by admonishments to, "Watch out!" "You're making a mess with that sand" or 'You're going to

break that." You might observe that the mother's attentiveness was improving (*what* happened), but the manner in which she responded to her child was disapproving and discouraging (*how* it happened). These subtleties are important to observe because they also convey information and understanding.

Or in another example, your program has just started including parents in program planning and evaluation meetings, and a number of parents are in attendance, indicating some good initial outreach. As an observer, you also notice that parents in attendance seldom participate in the dialog, that other meeting members use a lot of professional jargon, and that they don't encourage parents to ask questions or offer suggestions.

- **A focus for a specific purpose** may be designed in order to learn about some particular phenomenon. For example, if a parent reports that her child "won't pay attention", you may observe the child across several settings—say free play, a meal, and a task that requires concentration such as reading. You notice that the child physically moves from place to place, so you draw a map of the room the child is in and take 5 minute samples, marking on the map where the child is every 30 seconds and noting what the child is doing. You discover that indeed the child is in a different place, doing a different activity every 30 seconds. This kind of purposeful observation allows you to describe real behaviors in real time and better understand the parent's concerns.

5. Take [field notes](). Rather than using something intrusive like a notebook or clipboard to record, simply fold an 8 ½ by 11 sheet of paper twice so you can slip it in your pocket. Write down things that happen. If you have an impression or question about them, write that down too, but put brackets [ ] around impressions and questions to distinguish them from observations. For example: [The mother seems to feel "on stage" when she is playing with her son. I should debrief with her and ask her what she was thinking and feeling.]

Enumeration and [Sampling]()

The original qualitative researchers in Europe and the United States commonly collected numerical data as part of their research. [Ethnographic]() field studies in their truest form combine enumeration and sampling data with participant observations and interviews to develop a global understanding. In all likelihood, your program already collects enumeration and sampling data—numbers served, demographic characteristics of families, risk factors, family satisfaction, brochures disseminated during Child Abuse Prevention month, and so on. In qualitative field studies, interview and observation data are used to explain or provide context for those numbers and statistics.

1. **Combine numerical and statistical data with individual data** to make a more complete picture. For example, suppose you administer a parent satisfaction survey which includes an item stating: "My opinions are welcomed and included in the program," and 74% of parents "Agree" or "Strongly Agree", yet the remaining 26% of families are neutral or disagreed. You may wish to know what the agreeing parents experienced that made them feel included and valued. You may also wish to know what the other parents experienced that led them to feel less included and valued. So you may supplement the parent satisfaction survey item with open-ended items that ask, "What types of things happened in the program that helped you feel valued and included?" and "What suggestions do you have for making parents feel more included and valued in the Families Program?"

   Or say you administer a developmental assessment on a child in a clinical setting, but the child's parent says, "He never does that at home." You might arrange an observation in both classroom and home settings to understand the conditions that contribute to the child's behavior in each setting.

Document Review

Reviewing documents allows you to understand the ideas and intentions behind a program or service, and to discover the history and thinking and that led to the current status.

1. **Use existing program documents** that already include qualitative data in the form of written words and/or visual images. For example, you might include planning documents, brochures, interagency agreements, logic models, or grant progress reports. States and communities have similar documents. Use those documents that supply information related to your evaluation issues and questions, and compare the ideal and intended with the real and enacted information you have gathered during interviews and observations. In other words, ask yourself, "How close are the actual experiences of families and staff members to the program mission, planned activities and outcomes?" Look for congruence between these.

2. **Use unsolicited documents** such as letters from parents or other programs pointing out something they appreciated or something they didn't like.

3. **Gather new documents** that focus specifically on some aspect of the program or family experience. Some programs have initiated essay contests on a particular topic in order to gather data. Some programs document their programs, communities and activities with photographs.

4. **Honor privacy and confidentiality** when you come across a document that may be sensitive or may belong exclusively to others such as personnel files, child protection service files, or assessment information.

Collecting Sound Data

When collecting qualitative data, we cannot rely upon measures that are standardized in administration, statistically reliable or based upon a normative population to make sure the data we collect are sound. Instead, we use the following processes to make sure our data are sound:

- look for *credible* sources among *key informants*;

- check on the *accuracy of our understanding* through *follow-up interview* questions;

- check to see whether our *interpretations of data* ring true with knowledgeable others through *social validation*; and

- attempt to *learn through several sources* such as *multiple interviews* or by combining sources that point to the same issues such as *observations and think aloud interviews,* or *enumeration and sampling and interviews*.

What you wish to know...	What kind of data...	How you gather it...
What people experienced, what they believe, how they view something, or how they think at a given time or over a period of time	INTERVIEWS (Individual or Focus-Group)	Ask questions that are: • Open-ended ("Tell me about your child") • Semi-structured ("When you say your child is destructive with other children, tell me how you know that"), • Structured ("Give me an example of how home visits have helped you as a parent") • In the moment/think aloud ("How do you think you and your child did today as you played together?")
What people do at a given time or over a period of time	OBSERVATIONS	Observe and make written notes (or video record and make notes) of people in action and in context (such as parents interacting with children during home visits; home visitors guiding parents about their child's development; staff peers discussing their work)
The numbers, percentages, proportions or distributions of something important about or something important to people and programs	ENUMERATION AND SAMPLING	Count events, conditions, opinions (such as reports to children's services; risk and resilience factors; parent satisfaction with services; staff members' feeling of competence), and translate counts into percentages, proportions, distributions
The mission, intentions, projections and history of a person, agency, organization or community	DOCUMENTS	Collect documents (such as mission statements, policy documents, grant proposals, brochures, web site text, program or community needs assessments) in order to compare the ideal with the real

Let's see how the Families Program collected some of their qualitative data.

The Families Program Data Collection Activities

Statistical Data
Families Program outcome data show that 19 of 41 families (46.34%) withdrew program enrollment within the first 13 weeks.

Survey and Demographic Data
Families Program exit surveys completed by families who left the program prematurely show that:
- 25 % were not interested in the program
- 20% felt they didn't need the program
- 37% thought the program was too time consuming
- 18% did not complete exit surveys

Ongoing demographic data show that 40% of parents who left the program were working but at poverty level, and 43% were under the age of 20 years.

Interview Data and Client Notes
Parents were contacted after they left the program for an exit interview. Twelve families (63%) agreed to an interview. For all 19 families leaving the program prematurely, client notes from home visits were reviewed. Interviews and client notes were analyzed and the following themes and issues were identified as important:
- Several young mothers worried that the state would see them as abusive parents if they participated in a program for "at risk" families.
- All the working parents stated that home visits occurred during the most hectic time of day for them, just after work when their children were hungry and demanding attention.
- The majority of families who left the program prematurely expressed concern about their home visitor's inexperience. The home visitors involved were new to the program and to social services.

Program Documents
The Multidisciplinary Review Team of Families Program and Community Partner representatives incorporated all the data collected into their continual review and needs assessment process. They made the following recommendations and included them in the Families Program Needs Assessment document:
- Focus on family resilience and family support rather than risk, abuse and neglect in program documents, in written and verbal communication, and in public information and awareness activities. Increase positive, persistent outreach to encourage enrollment.
- Collect "Day-in-the-Life" information in order to better understand the entire context and circumstances of families' lives. Reimburse parent time for completing the "Day-in-the-Life" form with a $25 grocery certificate and an "Afternoon-Off" childcare coupon.
- Begin a supportive mentoring program for new and relatively inexperienced staff.

Collecting Qualitative Data as Part of Your Day-to-Day Work

Regular program activities offer opportunities to look and learn more deeply about yourself, families and your program, and to make ongoing improvements. Here is an example of how a prevention program can look at a family's daily activities and schedule in order to better understand what happens outside the contexts of center-based programs and home visits. Knowing that child nutrition, healthy sleep patterns, regular and stable routines, and support for caregivers have all been shown to be essential for favorable outcomes for children, parents and families, the Families Program wished to capture what day-to-day life is like for their families. In this example, the home visitor gave the parent a log for recording the time of day and what was happening in her life at that time. The home visitor explained how to use the log. The parent (who had volunteered to participate in the program and had signed a release) kept the log for one day. At the following home visit, the home visitor and the parent reviewed the log together, and the home visitor made notes based upon their review of the activities recorded on the form.

Qualitative data in this process comes in the form of: the *parent's notes*; the *home visitor's notes*; the *home visitor's and parent's discussion*; and the *parent "thinking aloud"* about things that already happened or are happening in-the-moment. If the home visitor takes this information to a team meeting for a review, more qualitative data may be generated in the form of *questions, suggestions and outcomes* recorded during the team discussion. It is worth noting that program notes sometimes prove invaluable in helping others help families outside your program. For families involved in agencies with high staff turnover such as child protective services, program notes that capture important personal progress and issues occurring over time are rare but important.

The Families Program: Day in the Life

Time of Day	Parent's Notes (Mother records daily events)	Home Visitor Notes (Home visitor makes program notes, encouraging mother to "think aloud")
6:00 am	Kids woke up crying. Kayla wet the bed and they were both soaked. Rinsed them in the tub, gathered sheets to take to Laundromat on the weekend. Got kids dressed for school.	Dina expresses continuing frustration about her daughter's bedwetting. I share written information with her about this, and give her a referral to the local public health nurse.
7:00 am	Running late. Kayla drinks juice but refuses to eat cereal. Says she wants Krispy Kremes. BIG tantrum. She refuses to fasten her seat belt in the car and cries as I drive her to day care, then falls asleep in car seat so I have to wake her up to take her into school and she cries again.	Dina tells me it is important that Kayla eats breakfast, "Because her teacher tells me Kayla falls asleep at school." Dina thinks Kayla won't eat, "Because she's just a brat." Then Dina adds, "I think it's because Kayla is just too tired to eat because she plays in her bed sometimes until 2 or 3 am." Dina pauses and says with a little laugh, "That kid sure doesn't have trouble communicating about Krispy Kremes or saying 'no' to bedtime. And she's supposed to have language delays!" We both laugh.
8:00 am to 11:00 am	Kayla and Soriah in day care. Community college Monday, Wednesday and Friday mornings to become a Licensed Practical Nurse. Work those afternoons at the nursing home as an assistant. Work full day on Tuesdays, Thursdays and Saturdays.	I ask Dina how she likes college. She says, "It's a big step for me. I'm the first in my family to go to college." The nursing home helps with tuition, but Dina also has student loans. Says she "feels pressured. Overwhelmed a lot of the time."
Noon	Soriah in day care. Eats lunch there. School district van picks up Kayla and takes her to special needs early intervention program. Forty-five minute drive for Kayla. Falls asleep on van.	Dina tells me the school is "doing some EIP or IEP or something. Some plan, and some tests and things. I don't really understand it. But I guess it's okay." I probe to see if Dina understands the IEP (Individualized Education Plan) process required by law. I offer to attend the IEP meeting with her so that we can work on some of the same goals during home visits.

Time of Day	Parent's Notes	Home Visitor Notes
1:00 pm to 3:30 pm	Soriah in day care. Kayla in early intervention. Kayla works with communication specialist on speech-language and eating during lunch.	
3:30 pm to 5:30 pm	Soriah in after-school care. Kayla transported by district van to after-school care. Forty-five minute drive for Kayla. She falls asleep.	Dina comments that she thinks there is too much going on for a two- and a four-year old. That they are all "worn out".
5:30 pm to 7:00 pm	Pick up kids from after-school care, drive home, stop to get a half-tank of gas (not enough money until I get paid), and put on a video for the kids while I heat some chili. I brought home some cornbread from the nursing home, but the kids won't eat it. They beg me for the cupcakes they saw I also brought home.	Dina tells me she gave into their begging and gave them cupcakes, then they wouldn't eat any dinner. We talked about how sugar affects children's behavior and how it might be better not to bring sugary treats into the house as a rule. We talked about nutritious treats and I gave her a hand-out of recipes they could make together (such as ants-on-a-log, apple slices and peanut butter).
7:00 pm to 8:30 pm	Cleaned the kids up after dinner, washed dishes, gave them their baths, tried to read a book.	I noticed Dina said, "*Tried* to read a book," so I asked her how reading time went. It sounds like this time is really a struggle—tantrums, throwing books. I talked to Dina about scheduling home visits during dinner-time for a few weeks, then during bath and reading time for a few weeks to see if I can't better understand what is going on and help with nutrition, routines and behavioral supports. Dina was so happy about this suggestion that tears came to her eyes.
8:30 pm to 11:00 pm	Tried to study for a test I have coming up on Friday, but I'm exhausted and Kayla keeps getting out of bed and Soriah keeps tattling.	I'm going to see if anyone on the team knows of possible respite options for Dina so she can study and succeed at school.

Other Activities that Include Day-to-Day Qualitative Data Collection

Here is a list of other activities that are common in prevention programs, and some ideas of ways to incorporate data collection into your day-to-day work.

The important thing about data you collect for program evaluation is to collect it *regularly, consistently, intentionally, thoughtfully*, and *strategically* in order to address identified issues and evaluation questions and to help guide you to success with identified program goals and outcomes.

Hiring Staff
- Among the most important parts of a successful program are program personnel that are competent, confident and happy in their work. As an example, experts tell us that one of the most important decision programs make is in hiring "relationship ready" staff—persons willing and able to engage with families in non-judgmental and compassionate ways while honoring professional boundaries; who practice good mental health in their own lives; who form trusting relationships and work cooperatively and collaboratively with colleagues and families; and who are able to work effectively with diverse communities. Open-ended questions in hiring interviews can help determine if program needs match individual skills and attributes.
- Here are some sample interview questions (using our example of "relationship ready" staff) that allow the person being interviewed to construct an imaginary world and to share personal experiences. Open-ended questions allow you to see if their wishes, experiences, working style and individual approach differ greatly from the job you offer.

  1. Describe your perfect job. What would your workspace be like? (How would you like to spend your time? How much time would you like to spend working? How would you like to interact with families? How would you like to interact with co-workers?)

  2. Tell me about the most challenging experiences you have had while working with families.

  3. Tell me about your most rewarding experiences working with families.

Program Intake
- During program intake, demographic forms and assessments are often administered. These may feel intrusive to staff and families because they ask for private information before a relationship is formed.
- Rather than beginning your relationship with an administrative task, think about how any family would choose a program for their child. They would wish to meet their child's best interests. So talk to the family about what the program offers to support children and families in general, and in terms of addressing

difficult life circumstances. Be specific and provide a range of examples. Then ask families: "Do you think these services would be helpful to you and your family?" Many families will share experiences and stories of how they think their life circumstances match with what the program has to offer. You may record anecdotal notes at the time if you and the parent are comfortable with that, or you may record notes later. If you are conducting a formal risk assessment, you will find that much of it can be completed and enriched by the stories families share.

- This information informs programming and can be updated during client debriefings allowing documentation of important changes that occur over time.

Home Visits/ Parenting Classes

- Ideally, educational activities are designed and implemented according to the information you gathered from initial assessments. For example, supposed on an initial family risk assessment, a low-income single mother was found: 1. to be socially isolated: 2. to have recently moved; and 3. to have unreasonable expectations of her child. So together, a home visitor or program educator worked with the parent to develop the following goals that correspond to the needs assessment:

  1. Attend weekly Circle of Parent groups;

  2. Work with Families Program staff to identify: outdoor play spaces; community play-groups and childcare opportunities; public healthcare locations; emergency food resources; and public transportation routes.

  3. Complete and Ages and Stages Questionnaire by "thinking aloud" about her child's development as Families Program staff listens and provides anticipatory guidance.

- Debriefing about Goal #1 might include listening reflectively to the parent's experiences (such as information learned, relationships formed) in Circle of Parents. The home visitor or educator might facilitate problem solving or offer suggestions and record those along with observations and impressions in the form of (qualitative) client notes.

- Goal #2 might include documentation about the parent's relative independence in accomplishing these tasks or her ability to identify other important community resources, again recorded in the form of qualitative client notes.

- Goal #3 might include periodic re-administrations of the Ages & Stages Questionnaire to document child developmental progress as well as the home visitor's/educator's observations (recorded in client notes) of how accurately the parent recognized developmental skills, how easily the parent could describe her child's behaviors (as she was "thinking aloud"), and how the parent went about encouraging her child to try new skills.

Using Qualitative Data in Program Evaluation

Program Debrief
- Program staff meetings often focus on administrative tasks ("dotting Is and crossing Ts" as some describe it). If program meetings are expanded to include purposes of reviewing and discussing *program content/process* and *client services reviews* on a regularly scheduled basis, you will find opportunities not only for ongoing qualitative evaluation data collection, you may also see positive changes in client progress and a more satisfying work environment.

- If programs debrief about program content and process, the entire staff should be involved including staff in important but less direct-intervention roles such as transportation, childcare, food preparation staff. An agenda should be collaboratively set (in and of itself a qualitative task), and discussion about issues, actions, decisions, and outcomes may be documented.

- If programs expand to include small group *client services reviews*, these are often best led by supportive supervisors who can help to focus discussion about timely intervention issues and use reflective supervision techniques that provide opportunities for education, professional development and support through the use reflective supervision and by encouraging critical thinking and problem solving. Again, issues, actions, decisions and outcomes may be documented in a qualitative way.

Reflective Supervision
- Research tells us that supervision for home visitors provides guidance, education and information, and emotional support that translate into more effective services. One method of supervision is to provide it in a reflective, rather than in an evaluative way. Reflective supervision uses a process of thoughtful, intentional and focused questioning, and open, supportive listening, and then checking for understanding—much like qualitative interviewing. Both supervisors and home visitors/ educators can record (independently or collaboratively) qualitative notes here on goals, progress, challenges and transformations in thinking.

Program Completion
- In addition to re-administering assessments when it is appropriate to do so, corresponding goals may be reviewed in a conversational manner so that home visitors/educators and parents may reflect upon and celebrate successes and identify next steps for areas that need continuing support or education. Client notes may be recorded in the form of observations or action plans.

- Families may be interviewed formally in greater depth for a retrospective view of what aspects of programs and services were helpful. It is fine to select a few families for this purpose as long as you choose purposefully. Choose parents that would be the best informants—even if they tell you things that are difficult to hear.

Consumer Satisfaction	• Many client satisfaction surveys include open-ended questions. Be sure to include additional open-ended questions specifically suited to your program with the client satisfaction forms your program already uses.
	• Targeted interviews may be conducted with *key informants*, those with varying experiences of the program, and those from important sub-groups such as fathers, grandparents, minority ethnic groups or teen parents.
Parent Leadership and Participation	• Parents may be surveyed or interviewed about how meaningful they found their involvement in planning, program, and evaluation activities; how valued they felt by programs and members of advisory boards; how they would like to included in activities; the extent to which they felt adequately supported, socially and practically; and so on.
Peer Review	• Peer Review Processes used in prevention programs, whether they are self-designed or published, may be supplemented with qualitative activities and documented in a qualitative way. For example:
	• Peer Reviews often include identification of and dialogue about important program issues that may be recorded in writing.
	• Some states share personal stories about challenges and successes as part of the process. These may be documented along with feedback sessions where others on the Peer Review team (including parents, colleagues and community partners) offer ideas for solutions.
	• On-site observations can be a part of the Peer Review Process noting things consistent with program goals and priorities and supportive of the program mission such as: whether the space has accessible parking or public transportation; is physically and socially welcoming; has space for families to congregate; has quiet space for private conversations and information sharing; has adequate space for staff members.
	• Personal and focus group interviews may be conducted by an outside evaluator as part of the process.

Analyzing Data

As you can see, qualitative data can accumulate in quantities so large they can become overwhelming or unusable. It is important to keep focusing, re-focusing and refining your evaluation so that it is manageable and truly address the questions and issues you identified at the outset.

1. **Begin Data Analysis on Day One.** Data Analysis really begins the moment you begin designing the qualitative portion of your evaluation. The *Issue Statement* and *Questions* identified at the outset of a study are your beginning hunches about what was important to know. Analysis is a continuation of that process of critical questioning[*], comparison and revision of what is and isn't working, both in the program and in the evaluation itself.

2. **Keep an Evaluation Diary.** You may soon see that you are beginning to think like a researcher, and important questions and ideas arise all the time. For larger, complex evaluations including interviews and observations, keep an *Evaluation Diary* of dates and times of data collection activities (interviews and observations), and of your questions, ideas and provisional statements. If you are collecting qualitative data as part of pre-post-surveys, an *Evaluation Diary* may be useful, but it isn't necessary.

3. **Analyze data and collect data simultaneously and continuously.** Don't postpone data analysis until you have completed data collection. What you learn when you are analyzing data will guide the direction of your questions or observations in the future. For example:

    *   The bracketed notes and questions recorded during observations are examples of ongoing analysis.

    *   When looking at quotes or interview transcripts, as you think of things you had wished you'd asked, write those new questions down.

    *   When the parent and home visitor debriefed the "Day in the Life" form (see pages 20-22), and the home visitor recorded their discussion and her own impressions, this was data analysis. And if that home visitor brings issues to discuss with her supervisor or to her team at the Families Program, that is also data analysis.

    When data analysis is part of your ongoing work, make sure to record issues, questions and statements of provisional thinking in your Evaluation Diary.

4. **Look for data that stand out.** Data stand out because they support your initial hunches, or eloquently capture a person's

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[*] Critical questioning and thinking refer to careful consideration and evaluation, not harsh or judgmental evaluation.

experience or the character of the program. They ring true. Data stick out when they are counter to your preconceptions, or they are unexpected. Data that stick out may be those things that you hear repeatedly from multiple parents, or it may be some very important issue that you hear from only one or two parents but that has relevance to other families or to the program. Sometimes data that stick out are things that are *not* there when you expected to see them. For example, suppose your program targets school readiness for children, and during home visits you learn that in addition to seeing progress among children in achieving readiness skills, you also learn that a number of parents are signing up for adult education programs on their own.

Or suppose a pattern emerges that indicates parents have reservations about when or where sessions are held. Perhaps you hear parents expressing concerns about your program's relationship to Child Protective Services. This feedback should lead staff to raise internal questions and to strategize about their policies and procedures. When data reveal trends like these, staff time would be well used to discuss questions such as:

- Can or should we schedule sessions differently?

- Why are some families unhappy with our facilities? Are there safety issues? Has housing or transportation for our target population drifted since we first began operating?

- How does the community perceive our relationship with Child Protective Services? Does this perception help or hinder us? How might we communicate differently with our consumers and community partners to emphasize our mission to strengthen families?

5. **Look for words and phrases that capture important themes.** Program participants' own words are often the best labels for important themes and categories. When someone uses a word or phrase that seems to capture an important truth or experience, use these "primary data" as a way to organize your data. Or in some studies, no analysis at all is needed because the primary data says it all, as in this actual example from a community-based CBCAP program.

"When I need the family center they are always here. They don't judge people on race or how much money they have. The door is always open. They are a phone call away. They don't turn anyone away. I am glad I have them because without them life would be harder."

-From the Maryland CBCAP 2007 annual report, submitted by Friends of the Family, Inc.

6. **Make Provisional Statements.** Postpone developing conclusions at the beginning of data collection. Instead, make *Provisional Statements* based upon the concrete examples of data you have collected. The statements should say clearly and succinctly what you think is occurring. *Provisional Statements* are similar to *Issue Statements*, and they allow you to track your interpretations of data over time.

7. **Find "Critical Friends".** Present your *Provisional Statements* to "critical friends"— members of your evaluation team or colleagues who ask questions and make suggestions that expand and deepen your thinking. Parent leaders, members of your peer review team, or community partners are all possible "critical friends". Critical Friends should be sharp thinkers, not afraid to question and challenge and willing to offer ideas. (In all other respects Critical Friends should be uncritically supportive and kind.)

8. **Cull your data.** Qualitative data usually comes in large quantities and accumulates quickly. Focus progressively based on your initial analysis, provisional statements, and critical review. If your resources are limited, put aside data that bring up new issues and save it for another study at another time. In this example, we see many possible issues to explore, but since our evaluation is focusing on: whether the program is seen as stigmatizing to families; the quality of home visits; and staff mentoring and support, our additional questions may have to wait for another day.

> *If it were not for the Families Program I probably would not be in school. I think I would have dropped out. Or maybe even have given up completely. I wouldn't have the "up" and "forward" attitude that I have right now. I look at many things differently because of being at this center, such as being responsible and caring.*

Additional Questions/Hunches:

What did the program (home visitor) do exactly to encourage school attendance? (Information? Relationships? Reflective listening?)

Do we support this parent's education in some practical ways? (Childcare? Transportation?)

What program experiences did this mother have that changed her view of parenting? (Home visits? Parenting groups?)

Evaluation Memorandum

Programs with larger scale evaluations may hire an outside evaluator who will need to synthesize and summarize data in a way that makes it easy to share with appropriate program personnel. An **Evaluation Memorandum** is one way to do this. During an ongoing program evaluation, the evaluator periodically composes a memorandum based upon a single or several related interviews, observations or document reviews. When the evaluation is complete, the series of **Evaluation Memoranda** provide documentation of what kinds of data were gathered, when and from whom; how data were analyzed and by whom; what research decisions were made and by whom; and what conclusions were drawn and by whom.

Sample Evaluation Memorandum

(Home Visitor Interviews #005 through #012)

This Evaluation Memorandum was composed by the Families Program's outside evaluator. It is shared only with those who "need to know", and personal names or other identifying information is removed.

Notice that the memo's author includes details that can be used later in reports and publications. Citations of interview numbers, pages, dates, etc. creating a "paper trail" that makes it easier to locate the source and double-check interview quotes and documents.

By keeping research memoranda, the evaluator and evaluation team are able to track the evolution of their understanding and link their beliefs and program decisions to data.

*The **Summary** provides an introduction to the content and purpose of the memorandum. It orients other readers (for example, a program evaluation team).*

*The **Themes** section begins to make sense of the data. It is a way for the evaluator to organize and analyze information by making propositions about what she thinks is occurring. These propositions are provisional "best guesses". A good evaluator will challenge her own guesses by looking for evidence from other sources that challenges, contradicts or supports them. Then she uses that evidence to revise her propositions.*

MEMO

Summary

This memorandum is based upon initial individual interviews with five first-year home visitors in the Families Program. An experienced program evaluator conducted the interviews, and they varied in length from 50 to 95 minutes.

Each interview was audio-recorded and transcribed verbatim, and coded by themes. I have listed important themes below, and stated some propositions based upon them that I will use to focus the study and to guide further interviews and observations.

Theme: Gaps in Knowledge and Practice
Proposition #1. *New home visitors use some of the "right words" about home visiting, but many do not possess a clear understanding of those words or know how to put them into practice during home visits.*

Virtually every first-year home visitor was unable to clearly state the purpose of home visiting, or define important terms associated with the Family Program's stated purpose of home visiting. (See also: Administrator Interview #001, Supervisor Interviews #003 and #004, and Program Brochure describing Home Visiting.) These interview excerpts show that although new home visitors have knowledge of frequently used terms, they cannot always articulate exactly what they do and why. Several of the home visitors spoke with hesitation and (my subjective opinion); they didn't seem confident in their knowledge.

Sari: Tell me about the purposes of home visiting.

Home Visitor #4: Well, it's to—it's because of bonding. Because of the mother and child. Their relationship. So that you can build their relationship.

Sari: When you use the word "bonding", what do you mean exactly?

Home Visitor #4: Well, it's how—it's the closeness of the mother and child. That they are close to one another. Like the feeding. [Interview #004, pages 6-7.]

In another interview, the home visitor offers an example that shows she understands the general concept, but doesn't demonstrate a fluent under-standing.

Sari: You mentioned that you are working on the relationship between parents and children. What are some of the things you see that tell you the home visits are having some benefit?

Home Visitor #2: Let me think. Just the other day, a mother told me something her child did that was a new skill. Her son was throwing his spoon off the high chair so that she would pick it up, and he would throw it again. So just the week before, I was explaining that the child wasn't being bad, that to him it was just a fun game.

Sari: So she was able to take pleasure in the interaction with her son?

Home Visitor #2: Well, no. But she did understand that it was a developmental thing children do. But then she got mad when the child threw the spoon and shouted in a real angry voice, "Stop that right now!"

Sari: So what did you say to her?

Home Visitor #2: That it was good that she knew that her son was playing a game.

Sari: Did you talk to her about feeling angry?

Home Visitor #2: I thought about it and I did say that her son really wasn't trying to make her mad. I knew I should have talked to her about her feelings too, but sometimes there's so much going on, I'm not sure myself where to focus.

Although some home visitors use the "right words" about the importance of parents and caregivers, I wonder if they don't fall back on what is professionally more comfortable to them: child development. In this interview, we see that the home visitor is focused on the child's development, but doesn't appear to understand that the parent is the most important mediator of development and that the focus of the home visit should be on the parent-child transactions as the means to support healthy relationships and development.

Proposition #2: *Home visitors with knowledge and experience working solely with young children may find it difficult to incorporate parents and caregivers into their practice, and they may not clearly understand why they should do so.*

> Sari: Describe a typical home visit for me.
>
> Home Visitor #3: Okay, well, I take some toys, some developmentally appropriate toys to the house. And I demonstrate how to use these. And I talk the parent through how to use the toys, and what the child will learn. Is that what you mean?
>
> Sari: Yes, that's helpful to me in getting a picture of a home visit. Tell me more about the parents' role in the home visit.
>
> Home Visitor #3: Well, the parent is learning about appropriate ways to play with their child. And we loan the toys out to the family for that week, or longer if they still want them. (Pause.) Oh yes, and I forgot. The areas of play are developmental, like on the ASQ.
>
> Sari: So the purpose of the home visit is to—
>
> Home Visitor #3: It's to encourage the child's development.

Next Steps:

In the Next Steps section, the evaluator records strategies for collecting data (such as asking new questions, interviewing new people, or conducting follow-up interviews) to gain a better understanding of what is occurring.

I want to explore how deeply home visitors understand the nature and significance of parent or caregiver-child interactions to child development. I am also interested in how competent and confident home visitors feel in their work. I plan on conducting follow-up interviews with both new and experienced home visitors that ask:

- *How did you learn about bonding and attachment?*

- *What are some examples of how you encourage parent-child or caregiver-child relationships?*

- *How confident do you feel during home visits?*

- *What would help you to be a better home visitor?*

- *What things were most helpful to you as you were learning to conduct home visits? (For experienced home visitors.)*

In the Next Steps and Program Suggestions, team members' ideas and suggestions for data collection and program activities may be recorded.

Program Suggestions

After reviewing the above initial data with the evaluation team, the team made the following suggestions: Administrators and supervisors may wish to explore more ongoing training in how to conduct meaningful home visits. Additionally, it was noted that due to recent changes in supervision staff, clinical supervision did not occur as often as planned. The evaluation team suggested making routine clinical supervision and other staff-support a priority.

Another recommendation was a mentoring program matching new home visitors with experienced ones in a "Watch one, Do one, Teach one" model in which: Watch one—new home visitors accompany their mentor to home visits and observe; Do one—then conduct a home visit with their mentor observing (which they would debrief after); Teach one—then video tape a home visit and "teach" or "talk through" the videotape with their supervisor.

Sharing Data

Data are too often collected and then stored in file cabinets never to be seen again, or incorporated in ponderous reports that sit on dust-collecting shelves. But if you collect data for specific, clearly understood purposes, you will find it useful in making services more responsive and effective for individual children and families, and helpful in educating others about the value and merit of your work. Both of these purposes are linked directly to your program's logic model, goals and outcomes. Here are some guidelines for sharing data for programs and policy.

1. **Postpone looking for conclusions or solutions** when you are using data for planning and program decisions. As you analyze data and prepare to report, make as your goal a deeper understanding that can be used to guide discussions and help stakeholders make informed decisions that will change and improve programs.

2. **Share data with program staff and valuable others throughout the process.** Involving Stakeholders—those with intimate knowledge of and those who have a stake in the program, such as families, staff members or community partners——is necessary to designing and implementing a good evaluation. It is also important for encouraging a personal commitment to the work associated with qualitative evaluation. These people should be informed of what is being learned so that they can help guide evaluation and planning efforts and keep them on track. Or in the case of day-to-day decision-making, colleagues with whom you share clinical or education data can support decision-making that results in more immediate improvement of interventions and services.

3. **Minimize the use of professional jargon.** Jargon confuses more than it clarifies unless you are sharing with a social science audience. Remember, your job is to communicate clearly. When reporting to a general audience, avoid using:

   - *Bureaucratic speak* ("In FFY2008, the multi-disciplinary board met with SDSCTF, a quasi-governmental agency, on specified occasions…" *versus*, "During the past year, a board including teachers, nurses, doctors and parents met with the Trust Fund four times…").

   - *Research terms* ("The study design was based upon a Logic of Inquiry approach which Gee and Green (1998) define as "a process of explicating connections between theoretical perspectives and the consequent research methods," *versus* "Our qualitative study included surveys and interviews in order to understand how families used and valued the outcomes included in our Logic Model."

   - *Acronyms* ("PACT" *versus* "Parents Against Confusing Terms").

4. **Use primary data whenever possible.** Quotes, short stories and first-hand accounts are often the most direct and compelling way to convey ideas. Look for particularly good examples and use these judiciously to illustrate important themes or issues rather than asking your audience to read a long list of quotations them.

5. **Hear from participants for social validation.** Take data back to the source—to the persons who shared their experiences with you through interviews and observations,—, and allow them time to review, think about and provide feedback to you about it. Often participants will expand, summarize or clarify information, or provide additional information that deepens understanding, increases accuracy and makes data more meaningful to those involved. Rather than seeking absolute agreement, social validation allows room for multiple views and understandings.

6. **Less is more for people reading reports.** Look for ways to combine qualitative data in the form of quotations, stories and descriptions with visuals such as photographs and proportional graphs. For example, the Families Program could show how many families exited the program early and how many of those exiting early were teen parents, then include several quotes from teen parents that convey their concerns and reasons for leaving.

7. **It may be useful to *quantify* some of your qualitative data.** Find ways of quantifying information that you gather through qualitative methods. When you hear parents reporting very similar experiences, you may be able to capture the information numerically. This can add power to your findings and be easily depicted in a chart or table. Here is an example of how information gathered through interviews was quantified for an annual report and then further described with a direct quotation from a parent:

> *In personal interviews with evaluation staff, 25 of 44 parents volunteered that since participating in the Families Program, they developed greater confidence in talking with professionals such as teachers, therapists or pediatricians. When asked what they thought led to increased confidence, 5 were unsure but the other 20 described feeling more knowledgeable about child development and the terms professionals used. That knowledge led to feelings of greater competence. As one parent said, "Before, I hardly knew anything they were talking about at IEP meetings. I just sat there and was too embarrassed to ask them to explain. Now when they say things like 'cognitive' or 'fine motor', I know exactly what they are talking about and I can contribute my 2-cents worth. I feel like an equal now—I can stand up for my child and myself a lot better."*

Using Qualitative Data to Evaluate and Communicate

Now that you have some ideas about how to collect, analyze and report qualitative data as part of your program evaluation, you can begin to consider whether and how you wish to include qualitative data in your data collection activities. When planning qualitative evaluation, remember to do as much or as little as you are able to manage. And remember to make data collection *useful* and to make sure it corresponds to your mission and values, your program logic model, and the desired outcomes identified in your logic model.

In the example of an Evaluation Memorandum (on Page 38), you can see the depth of analysis and expertise an outside evaluator can bring to your program. With this depth, comes an investment of money for the evaluator; an investment in staff time to responsibly review and consider findings; a willingness to listen openly to information that may be sensitive to staff members, families or your organization; and a commitment to institute change based upon findings and recommendations.

In the example of the Families Program Accomplishments, you can see a presentation of quantitative data routinely collected to document: who participates in the program; how often they participate and how long they stay; and what kind of progress they make. You also see a presentation of descriptive, or qualitative, data that succinctly provides background information about the program and presents photographs that bring the program to life. These data are also routinely and efficiently collected through open-ended surveys for families, staff members and advisory board members, and through observations during regular home visits and Parent-to-Parent group activities.

The descriptions in the Families Program Report tell a story about how the Program values families—by including them in equal numbers on the Advisory Board and by listening to and valuing their advice and counsel. The quotes included in the report are laden with meaning. They tell a story about the program that is not visible through numbers alone. We know that the Families Program trusts families enough to represent the Families Program when they are talking to prospective family participants. We know the Families program recognizes the role of the Parent-to-Parent group in recruiting and supporting families. And we know that the Families Program goes beyond words and good intentions by providing the Parent-to-Parent group with space and resources. We see by the Parent-to-Parent group's newsletter and support of staff that respect is reciprocal. Through the words and experiences of individuals, we begin to really *see*.

Examples of Reporting

The Families Program

This Year's Accomplishments

1. Family Participation in the Advisory Board

This year the Families Program increased family participation in our Advisory Board from one to four members on our eight-member board. Two mothers, one father, and one grandparent meet monthly with four community agency representatives to review Family Program goals, activities and achievements. When asked what they felt most proud of as result of serving on the Advisory Board, here is what two members had to say:

Before serving on the Advisory Board, I felt kind of a distance from the program. Like they were doing for families or to families. Now I feel like they are doing with families. Now we are doing it together.

—Single mother of twin toddlers

I've been on the Advisory Board for three years, and this year, because of the families serving on the Board, I feel like I really know what's going on with families for the first time, what challenges they face and how strong they have to be. So I wouldn't say I feel proud. I feel humble, and grateful for what I learned from them.

—Community mental health provider

2. Parent-to-Parent Group

As a result of last year's Family Satisfaction Survey, the Families Program learned that more than 70 percent of families still felt some degree of social isolation at the end of the program. In response, the Families Program Advisory Committee and the Evaluation Team recommended that we create a Parent-to-Parent Group that reaches out to new families entering the program during Intake, and creates opportunities for families to gather formally each month for Parent Chats that include guest speakers, and informally for Play Dates in the community and cooperative child care throughout the year. The Parent-to-Parent Group far exceeded expectations by publishing a quarterly *Parent-to-Parent Newsletter* and by sponsoring a staff appreciation dinner where families cooked a meal for home visiting staff. This year's Family Outcome Evaluation showed that only 15 percent of

families feeling "mildly to somewhat" socially isolated compared to 70 percent the previous year. As one mother told us:

Not only does the Parent-to-Parent Group reach out to you, they invite you in. Everyone is welcome, and the Families Program gave us our own space to meet and work, and a computer for our newsletter. It feels welcoming, like I belong.

3. Increased Family Retention and Participation

Just one year ago, the Families Program lost nearly half of all enrolled families within the first 13 weeks of the program. This year, thanks to two program changes recommended by the Advisory Committee and the Evaluation Team based on evaluation data, 92 percent of all families enrolled in the Program completed 50 weeks of home visits. This improvement is illustrated in Figure 1.

Families Program Home Visitor Completion Rates

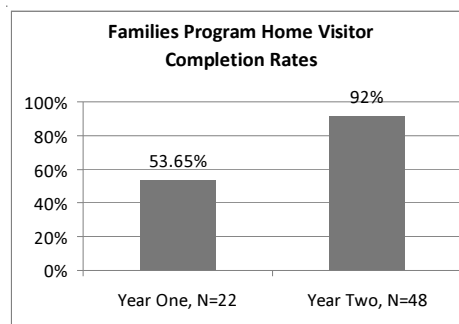|	Year One, N=22	Year Two, N=48
	53.65%	92%

Figure 1. Increased family participation in Home Visiting.

We learned from exit interviews conducted last year that teen parents (43 percent of parents that exited the program early) were concerned that the program was affiliated with Child Welfare.

We also learned that another 40 percent of parents that exited the program early were working parents and had difficulty fitting home visits into their schedules.

In response, **Parent-to-Parent** outreach offered special groups designed to address concerns of adolescent parents, and groups designed to address concerns of working parents. The groups were scheduled at convenient places and times, and the Families Program provided childcare, transportation and stipends for attending those groups—which not only helped retention, it also created a list of 14 families waiting for services!

4. Focus on Child Development

One thing the Families Program learned from parents is that *every* family wants their children to learn and progress. To support families in supporting their children, the Families Program instituted quarterly developmental screenings using the Ages & Stages Questionnaire. Parents and home visitors together administer the screening during a regularly scheduled home visit. Then they review the results together allowing home visitors to offer families "anticipatory guidance", talk about the importance of individual skills, and suggest ways to encourage new skills.

The graph in Figure 2. shows that children made significant progress on the Ages & Stages Questionnaire during this year compared to the previous year.

Percentage of Children Showing Pre-Post Developmental Progress

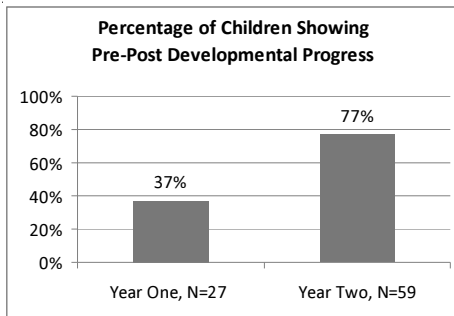37% — Year One, N=27

77% — Year Two, N=59

Figure 2. Developmental progress achieved during years 1 and 2.

As soon as staff and parents identified children not demonstrating developmental gains, a referral was made for a complete assessment and appropriate medical or educational early intervention services. Early identification of potential developmental delays allowed parents and their children to receive necessary services.

As important, this conversation between two parents at a Parent-to-Parent gathering show how much parents are learning. The second mother had a habit of scolding her nine-month-old for dropping things from his high chair. The first mother helps to support a more appropriate parenting skill.

> First Mother: *When your son holds out his cup toward you, he's requesting. It's just like he's saying, "Mommy, I want more," if he could talk. And if he throws it on the floor…*

> Second Mother: *I guess that means, "All done!"* [They laugh.] *I can't wait until he uses words and quits throwing.*

> First Mother: *I hear you.* [They laugh again.]

The parents and staff of the Families Program are looking forward to matching and even exceeding the successes they have experienced this year. In fact, the Parent-to-Parent Group and the Parent Advisory Team report that referrals from local social service agencies have increased. More importantly, parents who had previously shown resistance to home visiting or parent education services are self-referring. The word is out: The Families Program is making a positive and welcome difference in the lives of families and in the community.

Glossary

Deductive Reasoning. Experimental and correlational research and evaluation use deductive reasoning by collecting data from a broad population and reaching specific conclusions based upon a statistical analysis of combined data. *(click here to return to text)*

Ethnography. Ethnographic research in education and related settings is based upon cultural anthropology, or the science that analyzes and compares human cultures. *(click here to return to text)*

Evidence-Based Practices. These are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This could be findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are valid as well. There are different types of evidence-based practices; these include "supported" or "well supported," based on the strength of the research design. *(click here to return to text)*

Evidence-Based Programs. Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, have been validated by some form of documented scientific evidence. Different types of evidence-based programs include "supported" or "well-supported," based on the strength of the research design.

Evidence-Informed Practices. Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation within context. This informed practice allows for innovation and incorporates the lessons learned from the existing research literature. *(click here to return to text)*

Field Notes. Similar to home visit notes, client notes or classroom observations, field notes entail written or graphic representations of events related to the issue being studied or evaluated. *(click here to return to text)*

Inductive Reasoning. Qualitative evaluation uses inductive reasoning by gathering particular facts or instances from individuals in order to arrive at general statements or understand broader principles. *(click here to return to text)*

Institutional Review Board (IRB). Sometimes referred to Human Subjects Review Boards or Independent Ethics Committees, these boards oversee research in order to protect the privacy, confidentiality and wellbeing of participants, and to assure that participants receive some benefit from their participation. *(click here to return to text)*

Interview Protocol/Guide. Qualitative evaluators record an introduction to the interview process and a list of questions they intend to ask in order to guide and focus interviews. *(click here to return to text)*

Key Informant. Because one can't talk in-depth to everyone in qualitative research and evaluation, qualitative evaluators often seek out persons with particular knowledge about the issue under investigation. *(click here to return to text)*

Quantitative Data. Quantitative data are numeric. They are used to classify, count and measure. It is usually gathered through surveys, observational assessments, tallies and checklists that yield *hard* and verifiable data that can be statistically analyzed. *(click here to return to text)*

Sampling. Qualitative researchers collect examples (or samples) from small numbers in a purposive (rather than random) way in order to understand larger issues from individual perspectives. *(click here to return to text)*

Social Validation. Evaluators, program personnel and families may all see things differently without any one view being necessarily right or wrong Therefore, after qualitative evaluators interpret data, they may wish to go back and check their interpretations with participant's interpretations—or socially validate—in order to broaden perspectives about an issue and to foster mutual understanding. *(click here to return to text)*

Resources for Learning about Qualitative Research

In order to get a feel for what qualitative work is, begin by reading and learning from works that include qualitative data before reading methods books about qualitative work. Read methods books as you plan and conduct qualitative studies.

Selected qualitative works:

Robert Coles' (2003) Pulitzer Prize winning five-set volume, *Children of Crisis*, narrates the experiences of children in the United States living in poverty based on interviews and observations. Back Bay Books.

Michael Dorris '(1990) *The Broken Cord* is a beautifully written book about his experiences adopted and raising a child with fetal alcohol syndrome. Harper Perrenial.

Fred M. Frohock's (1986) *Special Care in the Nursery* is an ethnographic study of how life-and-death decisions are made in an intensive care nursery. University of Chicago Press.

Erving Goffman's (1961) *Asylums* was a landmark book that changed the way social scientists conducted research. Anchor.

Susan Janko's (1994) *Vulnerable Children, Vulnerable Families: The Social Construction of Child Abuse* uses ethnographic field study methods to chronicle the lives of children and their mothers in a child abuse prevention program. Teachers College Press.

Alex Kotlowitz's (1992) *There are No Children Here* tells the true story of 11 and 9-year-old brothers living in a violent housing project. Anchor.

Jonathan Kozol's (1996) *Amazing Grace: Lives of Children and the Conscience of the Nation* (Harper Perennial), his (1985) work *Death at an Early Age* (Bantam Books), his (1988) *Rachel and Her Children* (Three Rivers Press), demonstrate the power of talking with and listening to children and families.

Recommended Qualitative Methods Resources

Bruce Berg's (1998) *Qualitative Research Methods for the Social Sciences*, Allyn & Bacon.

John Creswell's (2007). *Qualitative Inquiry and Research Design: Choosing Among the Five Approaches*. London: Sage Publications.

John Creswell and Vicki Plano Clark's (2007). *Designing and Conducting Mixed Methods Research*. London, Sage Publications.

Norman K. Denzin and Yvonna S. Lincoln's (2005) *The SAGE Handbook of Qualitative Research*. Sage Publications.

Jody Fitzpatrick, James Sanders and Blaine Worthen's (2003) *Program Evaluation: Alternative Approaches and Practical Guidelines*. Allyn & Bacon.

William L. Goodwin and Laura D. Goodwin's (1996) *Understanding Qualitative and Quantitative Research in Early Childhood,* Teachers College Press.

Yvonna Lincoln and Egon Guba's (1989) *Fourth Generation Evaluation*, Sage Publications.

Matthew B. Miles and A. Michael Huberman's (1994) *Qualitative Data Analysis,: An Expanded Sourcebook (2nd Edition)*. Sage Publications.

Deborah Padgett's (2008). *Qualitative Methods in Social Work Research*. Sage Sourcebooks for the Human Services.

Deborah Padgett (Ed.) (2003). *The Qualitative Research Experience,* Brooks Cole.